

Expression of Interest Application Form

Facility you are applying for:

Organisation Details:

Organisation Name:

Organisation's Postal Address:

Organisation's Committee Details:

Name

Contact number

Email

President

Vice President

Secretary

Treasurer

Nominated Contact within your organisation for this application:

Position

Contact number

Name

Email

Does your organisation currently have:

- | | | | |
|-------------------------------|----|-----|-------------------------|
| 1. Public Liability Insurance | No | Yes | Attached to application |
| 2. Business/Strategic Plan | No | Yes | Attached to application |
| 3. Audited Financial Details | No | Yes | Attached to application |



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Proposed Program / Project Type

What is your organisation's primary purpose?

Mandatory Eligibility Criteria

To be eligible for consideration for this Expression of Interest, applicants must fit the following mandatory criteria:

Incorporated

The applicant must be incorporated pursuant to the Associations Incorporation Act 19841 (Qld) or similar legislation, or otherwise be incorporated for a non-profit purpose (or provide evidence supporting the current undertaking to obtain same).

Full incorporated name:

Incorporation Number:

ABN (If applicable)

Public Liability

The applicant must hold current Public Liability cover to the minimum value of \$20 million (or provide evidence supporting the current undertaking to obtain same).

Expiry date:

Certificate is attached to application:

(Please tick)

Financial

The applicant must have no outstanding financial accountability, service delivery or performance issues for funding previously provided by Logan City Council or other providers.

Does your organisation have any outstanding financial accountability with Logan City Council?

Yes

No

(Please provide evidence to support no outstanding financial accountability)

Does your organisation have any outstanding financial accountability with anyone else?

Yes

No

(If yes, please provide details on the additional pages in this application)



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Selection Criteria

Selection Criteria 1 - Facility Management *(Please refer to section 2.8 'Selection Criteria' for supportive evidence required)*



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Selection Criteria 2 - Working Collaboratively

(Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



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Selection Criteria 3 - Response to Community Need

(Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



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Selection Criteria 4 - Appropriate Utilisation of the Facility

(Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



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Selection Criteria 5 - Budget

(Please refer to section 2.8 'Selection Criteria' for supporting evidence required)



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This application should be signed by the officer for the Organisation accountable for accepting legal and financial responsibility for the Expression of Interest. In most cases this will be the president or chairperson. The application should be witnessed by another officer in the Organisation (for example the secretary or treasurer).

I certify that:

- I have read and understood the Expression of Interest Guidelines and will ensure to the best of my ability that the organisation meets its obligations associated with this Expression of Interest.*
- The information given in this application is true and correct and that all conditions attached to this Expression of Interest will be complied with should our organisation be successful in gaining tenure at the facility.*
- I understand that the information the organisation has provided in this Expression of Interest may be made public.*
- Claims made to Council by the organisation that information it has provided is Confidential Information has been labelled confidential and described as such in Annexure A attached to this Expression of Interest.*
- This application is consistent with the aims and objectives of the organisation.*

Name of Organisation:

Certifier's Full name:

Position in organisation:

Please tick the box if you agree to the above terms and conditions



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CONFLICT OF INTEREST DECLARATION

This declaration should be signed by the officer for the Organisation accountable for accepting legal and financial responsibility for the Expression of Interest. In most cases this will be the president or chairperson.

I / We hereby declare we have no known actual, perceived or potential conflicts of interest that may impact on our application.

Name of Organisation:

Declarants full name:

Position in Organisation:

*Please provide details
of any known actual,
perceived or potential
conflicts of interest:*

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Thank you for completing the Expression of Interest Application Form for a Council Facility.

Please return your completed application form by either:

Email: council@logan.qld.gov.au

or

Mail: **Attention: Leasing Coordinator**
Sport, Leisure and Facilities Branch
Logan City Council
PO Box 3226
Logan City DC QLD 4114

*If you require any further information regarding this application, please contact
Council's Sport, Leisure and Facilities, Leasing Team on (07) 3412 3412.*

Applications CLOSE 5pm on the nominated Closing Date*

(Please refer to section 2.1.3 'Lodging your application' for the nominated closing day)

***Late applications may be considered at the sole discretion of Council**

Note to applicants:

You may include additional information by way of annexures, diagrams, tables, charts, and graphs to illustrate any information provided. However any additional text should be capable of being photocopied in black and white whilst still conveying all of the information. Provided that you have included all information sought by the Expression of Interest you may include any additional information that is relevant to your Expression of Interest application form.



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Additional information (first page):



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Additional information (second page):



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***** **Confidential Information** *****

Please refer to 6.13.4 in 'Section 6 - EOI Conditions for Response'



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To assist you in ensuring you have fully completed the Expression of Interest Application Form, please use the following EOI checklist.

EOI Checklist:

Organisational Contact Details

Nominated Contact

Current Public Liability certificate attached

Business/Strategic Plan attached

Audited Financial details attached

Primary purpose of organisation

Incorporated Association details

Selection Criteria 1

Selection Criteria 2

Selection Criteria 3

Selection Criteria 4

Selection Criteria 5

Additional Page 1

Additional Page 2

Confidential Information

